	PLEA	SE READ A	LL INST	RUCTIO	NS BEFORE C	OMPLET	ING THIS FO	RM.	12	
APF	PLICATION	ATO	198		MENT OF STATE Harris		APPHO ANA	RM.	()	
OCINI	FOR			естечату	ì	į.	}- []			
REINSTATEMENT DIVISION OF CORPORATIONS						00 DEC 14 AM 11:53			:	
DOCUMENT # P98000008753 1. Corporation Name						GEORETARY OF STATE				
SONLIN SHANE CO.						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
SOINLI	IN SHANE OC	.						*	!	
Principal Place of Business Mailing Address						C 1800 MAR 100 MAR 1				
2451 SE HWY 41 2451 SE HWY 41 MORRISTON FL 32668 MORRISTON FL 32										
	ddresses are incorrect incipal Office Address, If		~		enter correction below.		orated or Qualified		— I	
Suite, Apt. #, etc. Suite, Apt. #			Suite, Apt. #,	etc.	~ ^	To Do Business in Florida 01/28/1998			I	
City & State City & State				,		5. FEI Numbei	59-3491811	Applied For Not Applica		
Zip Country Zip		Zip	Country		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee requirements for a Certificate of Status					
7. Names a	and Street Addresses o	Each Officer and/o	Director (Flor	rida nonprofit co	rporations must list at lea	ast 3 directors)				
Title(s)	Title(s) Name of Officers and/or Directors 3			_	Street Address of Each Officer and/or Director					
D INSPRUCKER, LIND/		DA L		3596 BREEZY PT. DR.		DUNNELLON FL 34431		34431		
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	8. Name and Ad	dress of Current R	egistered Age	nt			Address of New Regis			
	7				Name	SHARO	N C. BRANNAN L N. MAIN STRE	CPA PA	CR2E040 (8/00)	
Street Address						P.O. Box Nurwilling 100, FL 32696				
·					Suite, Apt. #, Etc	Suite, Apt. #, Etc.				
					City		-	State Zip Code		
		ed agent of the abov	e named corpo	ration, am famil	liar with and accept the o	bligations of Sect	ion 607.0505, F.S.			
Signature of Registered	Agent Ananc	NON PREC	SISTERED AG	ENT MUST SIG	SN STATES		Date <u>/2/S</u>	00	-	
11. I certify	that I am an officer or o	lirector or the receive	er or trustee em	powered to exe	ecute this application as o	provided for in cha	apter 607 or 617, F.S. I	further certify that when filing	a	
this rein: owed by	statement application, to the corporation have t	the reason for dissolution the na	ution has been ames of individ	eliminated, the uals listed on th	corporate name satisfies is form do not qualify for	the requirements an exemption un	of section 607.0401 or	617.0401, F.S., that all fees), F.S. The information indica	5	
on this a	application is true and a	ccurate, and my sigi	nature shall hav	ve the same leg.	al effect as if made unde	roam.				
	4.5 ° 1	OO BETTER	P. 51 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/	07811					
SIGNAT	URE: SIGNATURE	AND TOPED OR PRIN	TED NAME OF	GIGNING OFFICE	R OR DIRECTOR	1	- 7- 00 Date	352-528-3.	100	
	Wikir	DA L. LINS	PRUCKE	W.			۲.			
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Telephone (352) 528-6558 Fax (352) 528-5559

December 6, 2000

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

This letter is in reference to Sonlin Shane Co. regarding their application for reinstatement.

Taxpayer has had numerous problems with the local post office in the very small town of Morriston; FL. Taxpayer has made several complaints with the postmaster, and the mail continues to be lost, late, or not delivered at all.

Taxpayer did mail in their \$150 fee for renewal of their corporation for 1999. It was sent in late, and due to the above circumstances, I requested copies of the letters and complaints to the post office in order to send you a letter requesting abatement of the \$400 penalty for late filing. During the same period of time, taxpayer was in a car accident, had a broken leg, and has been consumed with doctors, attorneys, etc. Taxpayer was not able to work, and in the meantime, the corporation was administratively dissolved.

I respectfully request that this corporation be reinstated to active status, and the penalties for late filing and the reinstatement fee be waived due to reasonable cause as stated above.

Taxpayer expects all corporate renewals in the future to be filed timely. We thank you in advance for your consideration in this matter. We look forward to your response.

Sincerely,

Sharon C. Brannan, CPA PA

cc: Sonlin Shane Co.

MEMBER OF AMERICAN & FLORIDA INSTITUTES OF CERTIFIED PUBLIC ACCOUNTANTS